

VEHICLE REPORT

☐ IMPOUNDED ☐ RELEASED ☐ EMBEZZLED
☐ RECOVERED ☐ STOLEN ☐ PLATE(S)
☐ STORED ☐ OTHER (List)

1. REPORTING AGENCY		2. DATE/TIME REPORTED	3. CASE CONTROL NUMBER (CCN)
4. DATE & TIME OF OCCURRENCE		5. WAS NEIGHBORHOOD OR AREA CHECKED FOR WITNESSES, LEADS, CLUES? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain in Remarks)	
6. TOWING/STORAGE CONCERN (Name, address and telephone number)		TOWED TO/STORED AT (Name, address and telephone number)	
7. REPORTED BY	HOME ADDRESS		TELEPHONE NO.
	BUSINESS ADDRESS		TELEPHONE NO.

8. DESCRIPTION AND OWNERSHIP

YEAR	MAKE	MODEL	BODY TYPE	COLOR (Combination)	LICENSE NUMBER(S) <input type="checkbox"/> ONE <input type="checkbox"/> TWO	MONTH/YEAR	STATE
VEHICLE IDENTIFICATION NUMBER (VIN)		ENGINE NUMBER (EN)		VIN COMPARED WITH REG. CARD <input type="checkbox"/> YES <input type="checkbox"/> NO	VIN APPEAR ALTERED/REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	VIN CLEAR <input type="checkbox"/> YES <input type="checkbox"/> NO	LIC. NUMBER(S) CLEAR <input type="checkbox"/> YES <input type="checkbox"/> NO
IF STOLEN, NAME, DATE AND CASE NUMBER OF REPORTING AGENCY					WAS VEH. RETURNED TO OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO		STORAGE AUTHORITY
REGISTERED OWNER			ADDRESS			TELEPHONE NO.(S) (Home) (Work)	
LEGAL OWNER			ADDRESS			TELEPHONE NO.(S) (Home) (Work)	
LAST DRIVER OF VEHICLE			ADDRESS			TIME AND DATE	TELEPHONE NO.(S) (Home) (Work)

9. CONDITION AND INVENTORY (Use remarks space or attach separate descriptions as needed.)

ODOMETER READING		DRIVABLE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		HAVE YOU ENTERED MISSING, IDENTIFIABLE PARTS IN NCIC? <input type="checkbox"/> YES <input type="checkbox"/> NO				*describe fully		
CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	CONDITION
WRECKED			SEAT (FRONT)			REGISTRATION			HUB CAPS (*)	TIRES/WHEELS
BURNED			SEAT (REAR)			ALT/GENERATOR			SPECIAL WHEELS	LEFT FRONT
VANDALIZED			RADIO			BATTERY			DRIVING LIGHTS	RIGHT FRONT
ENG./TRANS STRIP			TAPE DECK			DIFFERENTIAL			CAMPER*	LEFT REAR
MISC. PARTS STRIP			TAPES (*)			TRANSMISSION			CARGO*	RIGHT REAR
BODY METAL STRIP			OTHER RADIO			AUTOMATIC ()			VESSEL AS LOAD*	SPARE(S)
VIN SWITCH			IGNITION KEY			MANUAL ()			FIREARM(S)*	

LIST PROPERTY, TOOLS, VEHICLE DAMAGE.

SIGNATURE OF OFFICIAL ORDERING VEHICLE STORED		SIGNATURE OF GARAGE PRINCIPAL/AGENT STORING VEHICLE		DATE AND TIME
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DEPARTMENT OF THE NAVY		VEHICLE REPORT		(Continued)
10. VALUATION, RELEASE, DISPOSITION				
RECOVERY TELETYPE (Date & No.)		REQUIRED NOTICES SENT TO REGISTERED & LEGAL OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO (List reason)		ESTIMATED RECOVERY VALUE
TO (Storage authority/concern)				DATE
RELEASE VEHICLE TO (Name and address)			SIGNATURE OF PERSON AUTHORIZING RELEASE	
			CERTIFICATION: I, the undersigned, do hereby certify that I am legally authorized and entitled to take possession of above described vehicle	
			SIGNATURE OF PERSON TAKING POSSESSION	
11. SUSPECTS (Continue in remarks or add pages, if necessary)				
1	NAME/RANK & BRANCH/SSN/DUTY STATION/UIC/DRIVER'S LICENSE NUMBER			
	DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS			
2	NAME/RANK & BRANCH/SSN/DUTY STATION/UIC/DRIVER'S LICENSE NUMBER			
	DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS			
3	NAME/RANK & BRANCH/SSN/DUTY STATION/UIC/DRIVER'S LICENSE NUMBER			
	DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS			
4	NAME/RANK & BRANCH/SSN/DUTY STATION/UIC/DRIVER'S LICENSE NUMBER			
	DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS			
12. REMARKS (Use additional blank sheets as required. Include all pertinent information.)				